

# **COMMUNITY MOBILIZATION FOR PRIVATE MIDWIVES**

## **CURRICULUM AND GUIDE FOR TRAINERS**

**A Collaborative Work Among The American College of Nurse-Midwives (ACNM)  
and The Africa Regional Office of The Family Planning Service Expansion and  
Technical Support Project (SEATS) of John Snow, Incorporated.**



**COMMUNITY MOBILIZATION FOR PRIVATE MIDWIVES**  
**CURRICULUM AND GUIDE FOR TRAINERS**

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November 1997

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Prepared for the United States Agency for International Development, Office of Population,  
Contract CCP-C-00-94-00004-10

*Dedicated to:*

*The memory of Claire Lintilhac,  
who spent her life nurturing mothers, babies, and midwives*

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First Edition, November 1997

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This publication was made possible through support by the United States Agency for International Development, Office of Population, under the terms of Contract CCP-C-00-94-00004-10 and by John Snow, Inc.

The contents of this document do not necessarily reflect the views or policies of USAID.

## ACKNOWLEDGMENTS

The Family Planning Service Expansion and Technical Support Project (SEATS) of John Snow, Inc. (JSI) developed *Community Mobilization for Private Midwives: Curriculum and Guide for Trainers* in October 1996, field-tested the curriculum and guide in Uganda, and revised them in March 1997. Approximately 200 midwives from the Uganda Private Midwives Association (UPMA) have received training based on this curriculum. This training and related project activities are a part of Midwifery Association Partnerships for Sustainability (MAPS), a special initiative of SEATS to promote the development of an underutilized reproductive health care resource--private-sector midwives. The American College of Nurse-Midwives (ACNM) is a major resource for the implementation of the MAPS Initiative and provides technical assistance to UPMA and other midwifery associations. The UPMA Project is in conjunction with the Delivery of Improved Health Services Project (DISH) in Uganda, which provides clinical training in reproductive health care (RHC) to UPMA members and supports a large information, education, and communication (IEC) campaign in ten districts of the country. The United States Agency for International Development (USAID) provides funding support for SEATS and DISH.

Portions of *Community Mobilization for Private Midwives: Curriculum and Guide for Trainers* were adapted from the following sources:

Family Health Services Project, MotherCare™/JSI and Johns Hopkins University/Population Communication Services. *Interpersonal Communication and Counseling Curriculum for Midwives*. Nigeria: Family Health Services Project and MotherCare, 1993.

Odoi, P. and Mehra. *Guidelines for Community Preparation and Community Assessment with the Community*. Ghana: National Traditional Birth Attendant Programme, n.d.

Werner, D. and B. Bower. *Helping Health Workers Learn*. Palo Alto, CA: The Hesperian Foundation, 1987.

Grateful acknowledgment is made to the Hesperian Foundation for permission to reprint from *Helping Health Workers Learn* the copyrighted illustrations used in “Picture Story: Health Class” and “Picture Story: Community Gathering,” copyright © 1982 by the Hesperian Foundation.

JSI/SEATS and the author gratefully acknowledge the invaluable contributions of Mary Kiwalabye of UPMA, Frances Ganges of ACNM, and Leslie Patykewich and Seung-hee F. Lee of SEATS. The author gives special thanks to Sandy Buffington, Pamela Champagne, Dorothy Diehl, Charlotte Quimby, and Mary Eleanor Walker, who never fail to provide personal support and encouragement for new endeavors.

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## LIST OF ACRONYMS

ACNM.....	American College of Nurse-Midwives
DISH.....	Delivery of Improved Services for Health
FP .....	Family planning
IEC .....	Information, education, and communication
JSI.....	John Snow, Inc.
MAPS .....	Midwifery Association Partnerships for Sustainability
RHC.....	Reproductive health care
SEATS.....	Family Planning Service Expansion and Technical Support
STI.....	Sexually transmitted infection
TBA.....	Traditional birth attendant
UPMA .....	Uganda Private Midwives Association
USAID.....	United States Agency for International Development

**COMMUNITY MOBILIZATION FOR PRIVATE MIDWIVES**

**INTRODUCTION**





## INTRODUCTION

SEATS and ACNM prepared *Community Mobilization for Private Midwives* to assist midwives who own and operate small reproductive health care (RHC) clinics in the private sector of Uganda to learn basic concepts and skills for interacting with their communities. The curriculum and guide aim to increase the effectiveness of private midwives by expanding their active involvement in the community. Community mobilization activities complement and reinforce other information, education, and communication (IEC) programs. As community members learn more about the importance of health-seeking behaviors, the demand for RHC services increases. The private midwife with upgraded RHC skills can facilitate the link between demand for services and utilization of services. Increasing the number of clients who seek the services of the private midwife will have the added benefit of improving the viability and sustainability of the midwife's clinic.

Although originally designed for private-sector midwives in Uganda, the content and format of this curriculum and training guide are relevant to private-sector RHC providers and services throughout the developing world. Experience has shown that, when properly trained and supported, private-sector providers are a dynamic force for increasing access to high quality sustainable services, helping to satisfy unmet demands for family planning and reproductive health services. Private providers live and work in both urban and rural areas, reaching clients often not served by public-sector programs and facilities. They are active or potential leaders in their communities and often the primary provider of family health and family planning services. The information and skills this training conveys can strengthen these powerful community-based resources.

Trainers can and should adapt the content and format of *Community Mobilization for Private Midwives* for use in a variety of settings. For example, the curriculum should refer to the projects or programs in which the training will occur (not to DISH, MAPS, and other projects). Trainers may translate some forms and handouts into local languages and modify the technical terminology to fit to the local environment and trainees' needs. Before large-scale introduction in a country, trainers should pilot-test this curriculum to ensure its appropriateness to that particular setting.

SEATS and ACNM designed this curriculum to coordinate with *Business Management Skills for Private Midwives: Curriculum and Guide for Trainers*, also funded by USAID. These curricula reinforce and build on the knowledge, attitudes, and skills gained in both training programs, although either curriculum can stand alone.

## BACKGROUND

In November 1995, SEATS and UPMA conducted a community mobilization needs assessment for private midwives. They identified the following areas of need: greater familiarity with community needs and resources, action plans for problem solving, creating community awareness, business management skills, data collection and use, IEC materials, and referral

systems. Due to the scope and complexity of these needs, *Community Mobilization for Midwives* addresses primarily the area of creating awareness in the community.

## **NOTE TO TRAINERS**

*Community Mobilization for Private Midwives* requires 15 hours and 15 minutes of classroom time. Trainers should also plan for a working session on one evening and a time for presentation of certificates. (See Appendix A for a suggested workshop agenda.) To feel confident and concentrate on the process of training, trainers should organize everything before and during the workshop. It is suggested that the trainer copies and keeps one set of the designated training materials for future training and to facilitate photocopying. (See Appendix B for a list of training materials needed.)

A two-person training team should conduct the workshop. Trainers should plan carefully how they will divide responsibilities. While one trainer facilitates a session, the other can provide “on-the-spot” assistance to individual participants.

This training course relies heavily on trainers creating posters of important content and discussion points. Trainers should keep these posters visible and available throughout the three days. This allows participants to copy them in their preferred language.

**COMMUNITY MOBILIZATION FOR PRIVATE MIDWIVES  
TRAINING CURRICULUM**

## TRAINING CURRICULUM

**Overall Goal:** To provide the private midwives with the knowledge, attitudes, and skills that will enable them to interact with the community they serve in order to increase community awareness and utilization of the family planning/ reproductive health care (FP/RHC) services which they provide.

**Objectives:**

1. To assist the midwife in assessing the FP/RHC needs and resources of their community.
2. To identify the role of the midwife in helping to meet the FP/RHC needs of the community.
3. To identify ways in which the midwife can increase their number of clients through active community participation.
4. To develop the midwife's confidence in taking an active leadership role in community activities.

**Outcomes**

**By the end of the two-day training course, the midwife will be able to:**

1. Define "community."
2. State factors that both enable and hinder FP/RHC practices in the community.
3. Explain their role in assisting her community to better utilize FP/RHC services.
4. State ways they can increase their number of clients by making the community aware of their services.
5. Develop an action plan for increasing community awareness of their services.

**Time for entire course:** 15 hours, 15 minutes (classroom time); one evening working session; 1 hour for presentation of certificates

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
Introduction (1 hour, 15 minutes)	<p>Give welcome.</p> <p>Have each participant introduce him/herself and briefly tell about his/her maternity and the services he/she offers.</p> <p>Introduce trainers.</p> <p>Present daily registration sheet (<b>Appendix B</b>).</p> <p>Have participants develop a list of rules for the training sessions.</p>	<p>Welcome participants to session.</p> <p>Consider use of name tags.</p> <p>Explain that a registration form will be completed <b>daily</b>; give the <b>reasons</b>:</p> <ul style="list-style-type: none"> <li>• To record attendance</li> <li>• To maintain project records</li> <li>• To give credit for the course</li> <li>• To settle hotel bill</li> </ul> <p>Make a poster of rules. Content should include:</p> <ul style="list-style-type: none"> <li>• Punctuality</li> <li>• Respect for each other</li> <li>• Mutual help</li> <li>• Full participation</li> <li>• Having fun</li> </ul>
	<p>Give orientation to venue.</p> <p>Present agenda (<b>Appendix A</b>).</p> <p>Describe briefly USAID, SEATS, MAPS and DISH.</p>	<p>Explain location of bathrooms; time and place for meals and teas; where and when to report any problems.</p> <p>Provide each participant with a copy of the agenda.</p> <p>Write USAID, SEATS, MAPS and DISH on a poster.</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Discuss briefly what participants hope to learn.</p> <p>Present goal, objectives, and outcomes.</p> <p>Administer pre-test (<b>Appendix D</b>) (20 minutes).</p>	<p>Prepare a poster with goal, objectives, and outcomes.</p> <p>Reassure participants that the pre-test is a way of helping the trainers to:</p> <ul style="list-style-type: none"> <li>• Know the trainees' needs</li> <li>• Help plan the content for the course</li> <li>• Evaluate the training course</li> </ul> <p>Record pre-test scores on master test score sheet (<b>Appendix E</b>).</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
Community Characteristics (1 hour)	<p>“Tell a story” about the picture of the midwife and the community (<b>Appendix F</b>).</p> <p>Complete the story by drawing the “link” between the clinic and the community.</p> <p>Discuss the lesson in the story.</p>	<p>Ask participants to look at the picture. Select four participants to tell “the story” that they think the picture depicts.</p> <p>NOTE: This is the actual “story.” A private midwife attends both DISH and MAPS training workshops. She hopes this will increase her number of clients and make her business more profitable. After the training she returns to her clinic and waits, but the number of clients does not increase much. She wonders why. Meanwhile in the community, the people are hearing and reading messages that encourage them to space their families, avoid sexually transmitted infections (STIs), protect themselves from AIDS, and seek the care of a health provider. But, they do not know how to do these things or where to go.</p> <p>Have a poster with the original story picture. Ask one participant to complete it.</p> <p>Show correct action:</p> <ul style="list-style-type: none"> <li>• Draw the midwife going to the community</li> <li>• Draw the community going to the midwife</li> </ul> <p>Explain that <b>the midwife is the “link.”</b></p> <p>Tell the answer: The midwife cannot just remain in her clinic and wait for people to find her. She must be <b>involved</b> in the community.</p>
	<p>Have participants state what they think a “<b>community</b>” is.</p>	<p>Give participants an opportunity to offer their ideas. Prepare a poster with the following:</p> <ul style="list-style-type: none"> <li>• A social group</li> <li>• Similar interests</li> <li>• Shared government</li> <li>• Common needs and problems</li> <li>• Defined geographical area</li> <li>• Shared responsibilities</li> <li>• Common culture</li> <li>• Identity</li> </ul> <p>Note the words:</p> <ul style="list-style-type: none"> <li>• <b>Similar</b></li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Develop a <b>definition</b> of “<b>community</b>,” using responses from the previous activity.</p> <p>Discuss whether all community members live in harmony.</p>	<ul style="list-style-type: none"> <li>• <b>Common</b></li> <li>• <b>Shared</b></li> </ul> <p>Underline them on the poster.</p> <p>Give a possible definition of “<b>community</b>”: A social group of people living in a certain area (such as a village) who have similar interests and needs, a <b>common</b> culture, and a <b>shared</b> government.</p> <p>Point out that this emphasizes the <b>similarities</b> of people living in a community; it creates a picture of <b>harmony</b>.</p> <p>Stimulate discussion by pointing out that persons living in the same village or neighborhood do not always share the same interests or get along well with one another. Ask for examples.</p>
	<p>Summarize.</p> <p>Ask a participant to identify him/herself by asking him/her, “Who are you?”</p> <p>Each time he/she gives a response, ask him/her again, “But who else are you?” (Other participants can help come up with answers.)</p>	<p>Explain that elements of harmony and shared interests exist in all communities, but so do elements of conflict. Both have a big effect on people’s health and well-being.</p> <p>Make a list. Responses could include:</p> <ul style="list-style-type: none"> <li>• I am (her/his name).</li> <li>• I am a woman/man.</li> <li>• I am a member of the _____ family</li> <li>• I am a midwife.</li> <li>• I am a Muganda.</li> <li>• I am the wife/husband of _____.</li> <li>• I am a Ugandan.</li> <li>• I am the mother/father of _____.</li> <li>• I am the neighbor of _____.</li> <li>• I am the friend of _____.</li> <li>• I am the sister/brother of _____.</li> </ul>



CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
		<ul style="list-style-type: none"> <li>• etc.</li> </ul> <p>Point out that a single individual can have several roles and be affiliated with several groups that come together to make up a community.</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Identify several different people that make up a community. Ask for examples.</p> <p>Summarize.</p>	<p>Make a list (the list will not be complete, but <b>illustrative</b>). Responses could include:</p> <ul style="list-style-type: none"> <li>• Farmers</li> <li>• Home makers</li> <li>• Business people</li> <li>• Local government representatives</li> <li>• Grandmothers</li> <li>• Children</li> <li>• Men</li> <li>• Women</li> <li>• Youth</li> <li>• Widows</li> <li>• Rich people</li> <li>• Poor people</li> </ul> <p>Explain that the community is made up of many people who have many different roles. Collectively they make up the <b>identity</b> of the community.</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
Community Identity or Profile (1 hour, 15 minutes)	<p>Ask participants what they think “<b>identity</b>” means.</p> <p>Ask participants to place one hand on a piece of paper and draw (trace) around their hand.</p> <p>Have participants exchange profiles with the person sitting to their right. Place their hand in the other person’s profile and trace again.</p> <p>Note the differences.</p> <p>Discuss lessons learned.</p> <p>Brainstorm about the questions the midwife should ask to know about his/her community.</p>	<p>Give a possible definition of “<b>identity</b>”: Those characteristics which make some thing, some one, or some place <b>unique</b>; a <b>profile</b>.</p> <p>Explain that they are drawing a “<b>profile</b>” of their hand.</p> <p>Give correct response: Each profile is of a hand, yet each hand has a <b>unique</b> profile or identity.</p> <p>A profile of a community can be made, too.</p> <p>Make a list. Responses should include:</p> <ul style="list-style-type: none"> <li>• Who are the people who may need his/her services?</li> <li>• Where are they located?</li> <li>• Who are the leaders and opinion makers?</li> <li>• What are the FP/RHC needs?</li> <li>• What FP/RHC facilities or providers exist in the community?</li> </ul>
		<ul style="list-style-type: none"> <li>• Where and how do people receive information?</li> <li>• What are local beliefs or attitudes about health providers?</li> <li>• How do people move about?</li> </ul> <p>Note that this is <b>part</b> of the community’s <b>profile</b>.</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Discuss briefly each point: why is it important for the midwife to know about these things?</p> <p>Present the community profile worksheet (<b>Appendix G</b>).</p> <p>Ask several participants to briefly describe their communities. (Allow approximately 5 minutes for each presentation.)</p>	<p>Keep discussions focused on how these factors could affect clients' seeking the services of the private midwife.</p> <p>Provide participants with a copy of the community profile worksheet. Add or delete portions with group participation.</p> <p>Have each person present in front of the group, in order to give his/her experience in spontaneously speaking to a large group.</p> <p>After the presentations, point out that health workers (midwives) already know a lot about their communities from their experience -- living and working in the community. (Not exact numbers, perhaps, but those are usually not needed.)</p>
	<p>Discuss how the midwife can obtain the information he/she does not know about his/her community. Where are his/her sources of information?</p>	<p>Make a list. Responses should include:</p> <ul style="list-style-type: none"> <li>• Talk with community leaders</li> <li>• Talk with leaders of women's groups, attend meetings</li> <li>• Talk with leaders of youth groups, attend meetings</li> <li>• Talk with leaders of men's groups, attend meetings</li> <li>• Talk with clients</li> <li>• Conduct exit surveys at his/her clinic</li> <li>• Observe</li> </ul>
Utilizing Community Information (30 minutes)	<p>Discuss what the <b>most important</b> information for the midwife to learn from these sources is.</p> <p>Discuss how gaining this information benefits the midwife.</p>	<p>Responses should include:</p> <ul style="list-style-type: none"> <li>• Learning what the people need and want for FP/RHC</li> <li>• Learning what or who influences the seeking of health care services (positive and negative influences)</li> </ul> <p>Responses should include:</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
		<ul style="list-style-type: none"> <li>• The midwife is seen as caring about people's opinions, concerns, and needs</li> <li>• The midwife becomes known in the community</li> <li>• The midwife can utilize this information in planning his/her clinic services to meet <b>known</b> needs</li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Discuss how the midwife can utilize this information when planning and budgeting his/her business resources.</p> <p>Discuss how this information is important in improving the quality of his/her services.</p>	<p>Responses should include:</p> <ul style="list-style-type: none"> <li>• Types of services to offer</li> <li>• Supplies and commodities to stock.</li> <li>• Improving clinic appearance</li> <li>• Clinic hours</li> <li>• Types of classes to hold</li> </ul> <p>Help participants to recall some quality of care issues:</p> <ul style="list-style-type: none"> <li>• Privacy and confidentiality</li> <li>• Listening and counseling</li> <li>• Cleanliness</li> <li>• Friendliness</li> <li>• Respect</li> <li>• Updating knowledge and skills</li> <li>• Providing clients with choices</li> <li>• Making services more accessible</li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
Community Mobilization (30 minutes)	<p>Ask participants what they think “<b>mobilization</b>” means.</p> <p>Brainstorm about what the midwife is trying to <b>mobilize</b> the community to do.</p> <p>Ask a participant to explain the following statement: “Health programs and services are not very successful if they treat people as <b>passive recipients</b> rather than as <b>active participants</b>.”</p>	<p>Make a list. Responses could include:</p> <ul style="list-style-type: none"> <li>• Involvement</li> <li>• Participation</li> <li>• Taking action</li> <li>• Responding</li> </ul> <p>Responses should include:</p> <ul style="list-style-type: none"> <li>• To increase awareness of the benefits of adopting healthy FP/RHC behavior and attitudes</li> <li>• To seek the services of FP/RHC providers in the community (including the private midwife)</li> <li>• To reduce barriers to obtaining FP/RHC</li> </ul> <p>Explain that health services are not very successful if the people being served do not participate in making decisions about the services provided and the care that they receive.</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
Role of the Midwife in the Community (15 minutes)	Identify the <b>professional</b> role of the midwife in the community.	<p>Make a list. Responses should include:</p> <ul style="list-style-type: none"> <li>• Provider of FP/RHC services</li> <li>• Promoter of community action that improves health in the community</li> <li>• Health educator</li> <li>• Role model</li> <li>• Change agent</li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
Creating Awareness of the Services of the Private Midwife (2 hours, 30 minutes)	<p>Discuss why the midwife needs to make the community aware of his/her services.</p> <p>Identify ways that the midwife can increase the community's awareness of his/her services.</p> <p>Discuss ways (where, how) he/she could advertise.</p> <p>Identify what makes a good sign.</p>	<p>Give response: To increase his/her number of clients.</p> <p>Make a list. Responses could include:</p> <ul style="list-style-type: none"> <li>• Advertise</li> <li>• Put sign post on the clinic</li> <li>• Talk with leaders</li> <li>• Attend community activities</li> <li>• Give health care talks</li> <li>• Encourage satisfied clients to talk to others</li> </ul> <p>Make a list.</p> <p>Responses should include:</p> <ul style="list-style-type: none"> <li>• Is easy to read</li> <li>• Is visible from a distance</li> <li>• Is neat</li> <li>• Lists services available</li> <li>• Lists clinic hours</li> <li>• Identifies midwife by name and as a member of UPMA</li> </ul>



CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Have participants create examples of a poor sign and a good sign.</p> <p>Discuss how potential clients might interpret and react to each sign.</p>	<p>Show a poor sign:</p> <p><b>HAPPY HOURS CLINIC</b> <b>8-5 PM</b></p> <p>Show a good sign:</p> <p><b>ST. JOSEPH'S CLINIC</b></p> <p><b><u>Services offered 8 am - 9 pm daily</u></b>  <b>Antenatal/Postnatal</b>  <b>Deliveries</b>  <b>Family Planning</b>  <b>Treatment of Sexually Transmitted Infections</b>  <b>Minor Curative</b>  <b>Well Baby Care/Immunization</b></p> <p><b>On call 24 hours for emergencies (maternity)</b></p> <p><b>Mary Nambuya -- MIDWIFE</b>  <b>Member of the Uganda Private Midwives Association</b></p>
	Identify community leaders.	<p>Responses should include:</p> <ul style="list-style-type: none"> <li>• Government officials</li> <li>• Chiefs</li> <li>• Health committee members</li> <li>• Women's group leaders</li> <li>• Youth group leaders</li> <li>• Traditional healers</li> <li>• Herbists</li> <li>• Doctors</li> <li>• TBA's</li> <li>• Men's group leaders</li> <li>• Religious leaders</li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Discuss how these people may influence clients' knowledge, attitudes, and decisions regarding FP/RHC services.</p> <p>Facilitate three role plays. (1 hour)</p>	<ul style="list-style-type: none"> <li>• “Unofficial” leaders (opinion makers)</li> </ul> <p>Include these points:</p> <ul style="list-style-type: none"> <li>• In most African communities, men greatly influence decisions about family size, use of family planning methods, seeking pregnancy care, and where services are sought, etc.</li> <li>• Leaders (official and unofficial) often strongly influence the attitudes and behaviors of the community. Also, they are in a position to take actions that will improve care and facilitate the work of the midwife, such as providing emergency transport, arranging communications, initiating meetings and classes, providing supplies and water, repairing a health facility, etc.</li> </ul> <p>Select five participants for role plays. For the role play calling for a group (women), all participants will act.</p>
	<p>Include in <b>each</b> role play:</p> <ul style="list-style-type: none"> <li>• Midwife discussing his/her services and how they relate to known concerns of the person(s) he/she is meeting with.</li> <li>• Reasons for seeking care from a midwife.</li> </ul> <p>Role play 1. Government official (two players: one midwife, one official)</p> <p>Role play 2. Women's group (one midwife, group)</p> <p>Role play 3. Influential woman leader (two players: one midwife, one leader)</p> <p>Discuss ways the midwife is a health educator.</p>	<p>Allow 10 minutes for each role play and 10 minutes for discussion afterwards.</p> <p>Responses should include:</p> <ul style="list-style-type: none"> <li>• Providing health information and counseling for each client</li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	Ask for examples of how/when the midwife is teaching and may not be aware he/she is teaching.	<p>at clinic visits</p> <ul style="list-style-type: none"> <li>• Providing IEC materials at the clinic (pamphlets, posters)</li> <li>• Giving health classes at the clinic</li> <li>• Doing informal teaching at community meetings</li> <li>• Giving talks at community group meetings</li> <li>• Acting as a role model</li> </ul>
	<p>Relate health education classes/teaching to DISH training.</p> <p>Ask participants to “tell a story” about the midwife teaching a health class (<b>Appendix H</b>).</p> <p>Ask participants to “tell a story” about the community gathering (<b>Appendix I</b>).</p>	<p>Explain that DISH will update FP/RHC knowledge and teach the midwife how to conduct health classes. (Important to <b>reassure</b> group and motivate to attend DISH training.)</p> <p>Provide participants with a copy of the picture.</p> <p>Ask four participants to “tell a story” about the picture.</p> <p>NOTE: The picture shows an informal gathering of people in the community, providing an opportunity for the midwife to get acquainted and provide health information.</p> <p>Provide participants with a copy of the picture.</p> <p>Ask four participants to “tell a story” about the picture.</p> <p>NOTE: The picture shows an informal gathering of people in the community, providing an opportunity for the midwife to get acquainted and provide health information.</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	Discuss how satisfied clients create community awareness for the midwife.	<p>Include these points in discussion:</p> <ul style="list-style-type: none"> <li>• Satisfied (<b>and unsatisfied</b>) clients know and talk to a lot of people. It is estimated that every client knows 200-400 people in a community</li> <li>• Word spreads quickly whether they were happy or not with the care they received</li> <li>• The biggest source of referrals is usually from family members, neighbors, and co-workers</li> <li>• The midwife should ask new clients how they learned of the midwife's services. He/she should be sure to thank client who sent referrals</li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
Barriers and Enablers to FP/RHC (30 minutes)	<p>Ask participants what they think a “<b>barrier</b>” is.</p> <p>Ask participants what they think an <b>enabler</b> is.</p> <p>Identify examples of barriers and enablers that may influence community members seeking and receiving FP/RHC services from the private midwife.</p>	<p>Make a list. Responses could include:</p> <ul style="list-style-type: none"> <li>• Hindrances</li> <li>• Obstructions</li> <li>• Obstacles</li> <li>• Constraints</li> </ul> <p>Point out that a “<b>barrier</b>” <b>prevents</b> someone from doing something.</p> <p>Make a list. Responses could include:</p> <ul style="list-style-type: none"> <li>• Motivator</li> <li>• Someone who provides incentive</li> <li>• Change agent</li> <li>• Someone or something that makes something possible</li> </ul> <p>Point out that an “<b>enabler</b>” is a person or condition that makes it possible to <b>do</b> something.</p> <p>Give each participant three flash cards marked (<b>Appendix J</b>):</p> <p>Enabler Barrier Do not know</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
		<p>Write the following examples on a poster -- <b>one at a time</b>. Ask each participant to hold up the card that describes whether he/she thinks the example is an enabler or a barrier (or does not know) to clients coming to the private midwife for care.</p> <ul style="list-style-type: none"> <li>• Informative sign on the clinic</li> <li>• Bad roads</li> <li>• A friend who was very happy with the care she received from the midwife</li> <li>• Local government official</li> <li>• Market vendor</li> <li>• Long wait at clinic to receive services</li> <li>• Attractive clinic</li> <li>• Privacy during exams and counseling</li> <li>• Dirty instruments lying around the clinic</li> <li>• TBA</li> <li>• Clinic hours 9-1, Monday and Thursday</li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Ask participants why barriers are obstacles to good FP/RHC.</p> <p>Summarize. Ask participants what the most important reasons for the midwife to become actively involved in his/her community are.</p>	<p>NOTE: There will be differences of opinion about several of these which may reflect different community situations.</p> <p>When there is a difference of opinion, ask some participants to briefly explain their view.</p> <p>When barriers are identified, ask participants what they might do to <b>change</b> the barrier into an enabler.</p> <p>Explain the best response: Barriers separate clients from the midwife as a provider of important services.</p> <p><b>Emphasize:</b> Many of these problems can be overcome through increased community awareness and participation in the community by the midwife.</p> <p>Responses should include:</p> <ul style="list-style-type: none"> <li>• The community is where the people, who the midwife is trying to help, live and work</li> <li>• Many factors in the community influence health and decisions about health. The midwife must be aware of these</li> <li>• The midwife has a responsibility to serve his/her community</li> <li>• People in the community must be aware of the midwife and his/her services, if they are to become his/her clients</li> </ul>
	Suggest adopting the slogan: <b>“Be visible; Be active; Be known.”</b>	Ask the participants to create (after class) a short song and dance about this slogan.
Preparing an Action Plan (1 hour)	Ask participants what they think an <b>“action plan”</b> is.	<p>Responses should include: A way to:</p> <ul style="list-style-type: none"> <li>• Identify steps (actions) to be taken (<u>WHAT</u>)</li> <li>• Plan how to go about each action (<u>HOW</u>)</li> <li>• Decide what will be accomplished (purpose for taking the action) (<u>WHY</u>)</li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Share and discuss a <u>sample</u> action plan for <b>increasing community awareness of the private midwife's services (Appendix L)</b>.</p> <p>Have participants suggest other possible activities for a sample plan.</p> <p>Discuss if a midwife can afford the time to carry out his/her action plan.</p>	<ul style="list-style-type: none"> <li>• Set a target date for completion (<u>WHEN</u>)</li> </ul> <p>Provide participants with a <u>sample</u> community awareness action plan.</p> <p>Point out that plans should be:</p> <ul style="list-style-type: none"> <li>• Specific and as detailed as possible</li> <li>• Realistic</li> <li>• Used!!</li> </ul> <p>Stimulate the discussion by asking if he/she can afford <b>not</b> to carry out the plan.</p>



CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
	<p>Explain that each participant will develop a one-year community mobilization action plan. (<b>Appendix K</b>)</p> <p>State the goal of the plan: to increase community awareness of the services of the midwife.</p>	<p>Provide participants with community awareness action plan worksheets.</p> <p>NOTE: Participants will develop their action plans following the day's session. Trainers will assist participants as needed. Be sure each participant has four worksheets.</p> <p>Inform participants that the trainer will visit the midwife in approximately six months. He/she will review the progress the midwife has made in carrying out his/her action plan.</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
<p>Presentation of Action Plans (4 hours, 30 minutes)</p>	<p>Present and discuss individual action plans.</p>	<p>Divide the large group into two smaller groups. One trainer will facilitate each group.</p> <p>Have each participant present his/her action plan (10 minutes each).</p> <p>Following each presentation, have the rest of the participants discuss the action plan (10 minutes).</p> <p>Remind participants that discussion should focus on making the action plan:</p> <ul style="list-style-type: none"> <li>• Clear</li> <li>• Specific</li> <li>• Realistic</li> </ul>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
		<p>Following completion of the presentations, ask participants to make any changes in their workplans that they wish.</p> <p>Allow entire morning session for presentations and work on action plans.</p> <p>Photocopy each action plan for review during the follow-up site visits. (The trainer keeps a copy of each participant's action plan and returns the originals to the participants.)</p>
Conclusion (2 hours)	<p>Administer post-test (<b>Appendix D</b>).</p> <p>Complete course evaluation form (<b>Appendix M</b>).</p>	<p>Provide each participant with a copy of the post-test.</p> <p>When participants have finished, collect the tests.</p> <p>Review the test answers, so that participants will learn from the test.</p> <p>Record scores on the test scores master sheet (<b>Appendix E</b>).</p> <p>Provide participants with a copy of the course evaluation form.</p>

CONTENT	ACTIVITIES/TEACHING METHODS	NOTES TO TRAINERS
Presentation of Certificates	Discuss purpose of follow-up visit by trainers.	Reassure participants that trainers will visit each midwife within six months to provide individual help. The trainer will use a form to record his/her visit to the midwife ( <b>Appendix N</b> ). The midwife will be expected to: <ul style="list-style-type: none"> <li>• Carry out the activities called for in his/her action plan.</li> <li>• Report on any <b>additional</b> activities he/she has undertaken to interact with his/her community.</li> </ul>
	Explain SEATS Quarterly Service Statistics Report ( <b>Appendix O</b> ).	Explain that FP service data is to be submitted at the end of each month to UPMA.
	Present each participant with a certificate of completion for the course ( <b>Appendix P</b> ).  Present song and dance the participants created: <b>“Be visible; Be active; Be known.”</b>	Present certificates individually. Encourage a sense of pride in having completed the course.

## COMMUNITY MOBILIZATION FOR PRIVATE MIDWIVES APPENDICES

## **APPENDIX A: AGENDA**

### **Day 1**

	08:15	Registration
08:30		Introduction
09:45		Community Characteristics
10:45		Community Identity or Profile
12:00		Utilizing Community Information
12:30		Community Mobilization
13:00		Lunch
14:00		Role of the Midwife
14:15		Creating Community Awareness
16:45		Barriers and Enablers
17:15		Preparing an Action Plan
		Working Tea
Eve.		Preparation of Individual Action Plans
		Creation of a Song/Dance

### **Day 2**

	08:15	Registration
08:30		Presentation of Action Plans
		Working Tea at 11:00
13:00		Lunch
14:00		Conclusion
16:00		Presentation of Certificates
		Tea
		Presentation of Song/Dance

## **APPENDIX B: TRAINING MATERIALS REQUIRED**

### **Trainers**

Curriculum  
Flip chart paper  
Marking pens  
Scissors  
Masking tape  
Registration sheets (Appendix C)  
Master test score record (Appendix E)  
Certificates  
Drum (optional)

### **Participants**

Exercise book  
2 Pens  
2 Pre/Post tests  
1 Community profile worksheet (Appendix G)  
1 Picture story (Appendix F)  
1 Picture story (Appendix H)  
1 Picture story (Appendix I)  
3 Flash cards (Appendix J)  
4 Community awareness action plan worksheets (Appendix K)  
1 Sample action plan (Appendix L)  
1 Course evaluation form (Appendix M)

**APPENDIX C: DAILY REGISTRATION SHEET**

Date \_\_\_\_\_ Venue \_\_\_\_\_ Trainer(s) \_\_\_\_\_

NAME OF TRAINEE	ROOM NUMBER	OVER- NIGHT	BREAK- FAST	LUNCH	DINNER	TEA 1/2	TRANSPORT (RT COST)	SIGNATURE

**APPENDIX D: PRE/POST/FOLLOW-UP TEST (CIRCLE ONE)**

Name \_\_\_\_\_

Date \_\_\_\_\_

Instructions: Mark each statement with T for true and F for False in the boxes provided against each number.  
Each correct response is worth 4 points.  
(20 Minutes)

	1. A <u>community</u> is where people live and work together.
	2. In a community, everyone <u>helps</u> each other.
	3. <u>Community mobilization</u> means making it possible for people to move from place to place.
	4. The midwife is a member of the community.
	5. The midwife should stay at his/her clinic and wait for clients to learn about his/her services on their own.
	6. It is <u>not professional</u> for the midwife to go out from his/her clinic and seek new clients.
	7. It is best to <u>avoid</u> community leaders who tell people that midwives are rude and unfriendly.
	8. It is not necessary to take the time to try to learn what people in the community feel they want/need for health services, because the midwife is a very busy person.
	9. The midwife has only <u>one</u> role in the community -- to provide health services at his/her clinic.
	10. It benefits the midwife to increase the number of clients who seek his/her services.
	11. It is best to tell people what to do, since they usually do not know what is best for themselves or what they need.



12. Which of the following are **enablers** to providing health care services?  
(Put a tick next to each correct response; more than one response is possible.)
- ☐ Health messages on the radio
  - ☐ An informative sign on the clinic
  - ☐ Running out of family planning commodities (pills, condoms, DepoProvera) at the clinic
  - ☐ Satisfied clients
  - ☐ Dissatisfied clients
  - ☐ Asking clients for suggestions on improving the clinic's services
  - ☐ Providing health talks at community meetings
  - ☐ Including men in discussions about women's health care
  - ☐ Offering family planning services only one day a week at the clinic
13. Which of the following are ways that people become **aware** of the midwife's services? (Put a tick next to each correct response; more than one response is possible.)
- ☐ Hearing the midwife give a health talk at a community meeting
  - ☐ Listening to friends who go to the midwife
  - ☐ Talking with community leaders
  - ☐ Reading the sign on the midwife's clinic
  - ☐ Talking to the midwife in the marketplace

**Name**

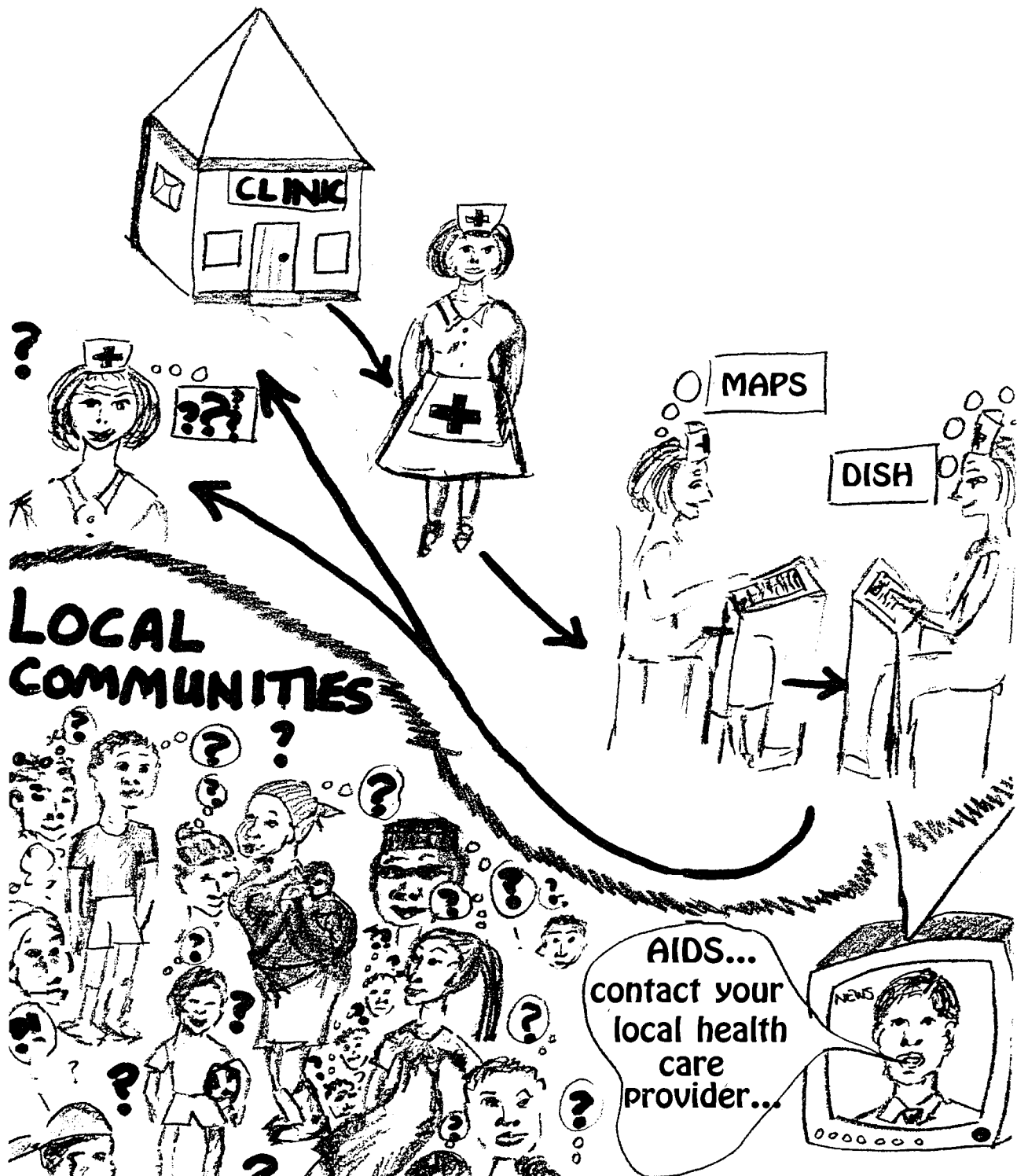
**Date**

**Score**

## APPENDIX E: MASTER TEST SCORE SHEET: PRE/POST/FOLLOW-UP TRAINING TEST SCORES

[illegible]

APPENDIX F: PICTURE STORY: MIDWIFE AND THE COMMUNITY



## **APPENDIX G: COMMUNITY PROFILE WORKSHEET**

1. Name of community
2. Names of local government officials
3. Names of chiefs/elders
4. Names of women's opinion leaders
5. Names of men's opinion leaders
6. Names of youth's opinion leaders
7. Organizations that are important in the community (include names of leaders)

8. Is there a market place?

When are market days?

9. Types of religions

Which one(s) has the most followers?

Names of religious leaders

10. Approximately how many people live in the community?

11. Number of men

Number of women

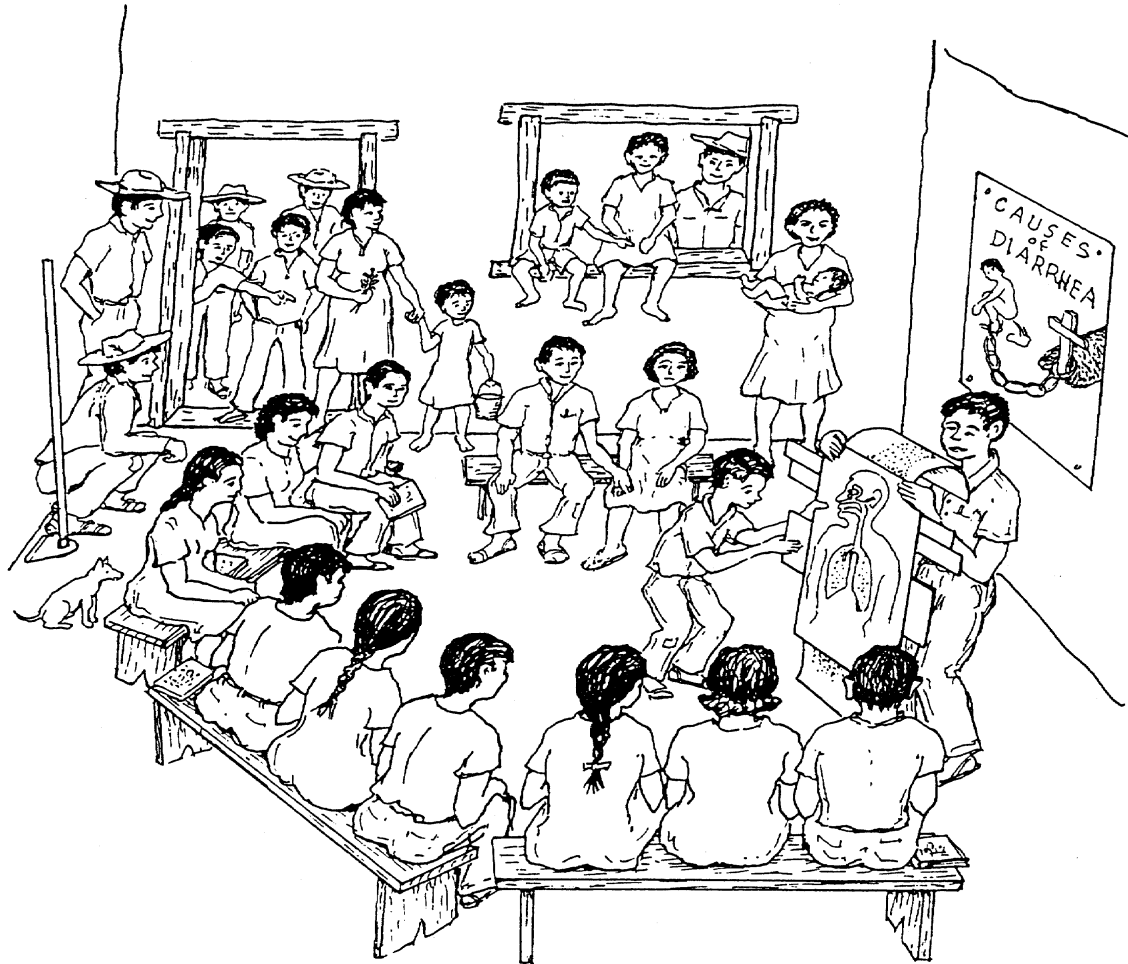
Number of children

12. What language(s) is spoken?

13. Main sources of livelihood in the community

14. Where do people go for health care (including family planning)?
15. Where do people get medicines?
16. What sicknesses do women have most often?
17. Is safe water available to everyone?
18. How far is it to a hospital?
19. How does the community handle emergency transport?
20. Are there other private midwives in your community?  
Who are they?

**APPENDIX H: PICTURE STORY: HEALTH CLASS**



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## APPENDIX I: PICTURE STORY: COMMUNITY GATHERING



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and B. Bower. Copyright ©1982, The Hesperian Foundation.*



ENABLER

BARRIER

DO NOT KNOW

**APPENDIX K: ONE-YEAR ACTION PLAN WORKSHEET**

Name of Clinic \_\_\_\_\_ (month) \_\_\_\_\_ (year)      PERIOD \_\_\_\_\_ (month) \_\_\_\_\_ (year)      TO \_\_\_\_\_      \_\_\_\_\_ Name of Midwife

INTENDED ACTION	WHAT IS TO BE ACCOMPLISHED (PURPOSE OR GOALS)	STEPS TO BE TAKEN	DATE TO COMPLETE ACTION
“WHAT”	“WHY”	“HOW”	“WHEN”

# APPENDIX L: SAMPLE COMMUNITY AWARENESS ACTION PLAN

Name of Clinic St. Joseph's Maternity PERIOD March 1997 TO February 1998  
Name of Midwife Mary Nambuya (month) (year) (month) (year)

INTENDED ACTION  “WHAT”	WHAT IS TO BE ACCOMPLISHED (PURPOSE OR GOALS)  “WHY”	STEPS TO BE TAKEN  “HOW”	DATE TO COMPLETE ACTION  “WHEN”
1. Make a new sign post	To attract clients and advertise my services	<ul style="list-style-type: none"> <li>Design my sign on paper</li> <li>Arrange for sign painter</li> <li>Save money to pay for it</li> </ul>	End of March 1997
2. Stamp cash receipts and IEC pamphlets with name of my clinic	To advertise my clinic	<ul style="list-style-type: none"> <li>Have a stamp made</li> <li>Put my stamp on all papers and pamphlets given to clients</li> <li>Train my employees</li> </ul>	End of March 1997
3. Give talk to LCI meeting about prevention of STI/HIV	<ul style="list-style-type: none"> <li>To reduce STI/HIV in my community</li> <li>To make people aware of my services</li> </ul>	<ul style="list-style-type: none"> <li>Meet with LCI Chairman to help organize for talk</li> <li>Set venue and time</li> <li>Make poster to put up in community to advertise my talk</li> <li>Prepare talk and visual aides</li> </ul>	End of April 1997
4. Give talk to youth group on prevention of STI/HIV	<ul style="list-style-type: none"> <li>To reduce STI/HIV in the youth</li> <li>To make youth aware of my services</li> </ul>	<ul style="list-style-type: none"> <li>Meet with group leader to help organize for talk</li> <li>Set venue and time</li> <li>Make posters and advertise talk</li> <li>Prepare talk and visual aides</li> </ul>	End of May 1997

INTENDED ACTION  “WHAT”	WHAT IS TO BE ACCOMPLISHED (PURPOSE OR GOALS)  “WHY”	STEPS TO BE TAKEN  “HOW”	DATE TO COMPLETE ACTION  “WHEN”
5. Attend regular monthly meetings of Church of Uganda Women’s Group	<ul style="list-style-type: none"> <li>To be visible in my community</li> <li>To make women aware of my services</li> </ul>	<ul style="list-style-type: none"> <li>Meet with group leader to introduce myself and my services</li> <li>Find out venue and dates for meetings</li> </ul>	<u>Begin</u> by end of May 1997 (or going)
6. Give talk to LCI meeting about family planning	<ul style="list-style-type: none"> <li>To increase use of family planning methods</li> <li>To make people aware of my service</li> </ul>	<ul style="list-style-type: none"> <li>Talk with LCI chairman to help organize for talk</li> <li>Set venue and time</li> <li>Make posters to put up in community to advertise my talk</li> <li>Prepare talk and visual aides</li> </ul>	End of June 1997
7. Encourage my clients to tell others about my services	<ul style="list-style-type: none"> <li>To increase my number of new clients</li> </ul>	<ul style="list-style-type: none"> <li>Ask clients what they like about my services</li> <li>Ask clients for any suggestions to improve my services (suggestion box)</li> <li>Ask clients if they would please recommend my services to others</li> <li>Thank clients for referrals</li> </ul>	<u>Begin</u> by July 1997 ( <u>On-going</u> )
8. Give talk to LCI meeting about prenatal care	<ul style="list-style-type: none"> <li>To improve women’s health during pregnancy</li> <li>To make people aware of my services</li> </ul>	<ul style="list-style-type: none"> <li>Talk with LCI chairman to help organize for talk</li> <li>Set venue and time</li> <li>Make posters to put up in community to advertise my talk</li> </ul>	End of October 1997

		<ul style="list-style-type: none"> <li>• Prepare talk and visual aides</li> </ul>	
INTENDED ACTION  “WHAT”	WHAT IS TO BE ACCOMPLISHED (PURPOSE OR GOALS)  “WHY”	STEPS TO BE TAKEN  “HOW”	DATE TO COMPLETE ACTION  “WHEN”
9. Introduce myself to market vendors	<ul style="list-style-type: none"> <li>• To be visible in my community</li> <li>• To make people aware of my services</li> </ul>	<ul style="list-style-type: none"> <li>• Talk to market master to introduce myself and obtain permission to speak with vendors</li> <li>• Go to market on market days</li> <li>• Prepare handouts with name of my clinic and location</li> </ul>	<u>Begin</u> November 1997 ( <u>On-go</u> )
10. Give talk to LCI about prevention of diarrhea	<ul style="list-style-type: none"> <li>• To reduce diarrhea in my community</li> <li>• To make people aware of my services</li> </ul>	<ul style="list-style-type: none"> <li>• Talk with LCI chairman to help organize talk</li> <li>• Make posters to put up in community to advertise my talk</li> <li>• Prepare talk and visual aides</li> </ul>	End of January 1998
11. Meet with TBA’s in my community	<ul style="list-style-type: none"> <li>• To see how we can assist each other</li> <li>• To develop a good relationship</li> <li>• To increase referrals to my clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Find out who the TBA’s are in my community and where their places are</li> <li>• Go and visit each one</li> <li>• Invite each of them to visit my clinic</li> </ul>	<u>Begin</u> by mid February 1998 ( <u>going</u> )

## APPENDIX M: COURSE EVALUATION FORM

Course Dates: \_\_\_\_\_ Trainer(s): \_\_\_\_\_

PLEASE HELP US TO EVALUATE THE TRAINING COURSE, BY ANSWERING THE FOLLOWING QUESTIONS **BRIEFLY**:

1. The content of the course will be helpful to me in working with my community.  

YesNo
2. The course taught me:
  - a. How to define “community” 

YesNo
  - b. How to identify factors that enable reproductive health care 

YesNo
  - c. How to identify barriers to reproductive health care 

YesNo
  - d. Ways to become better known in my community 

YesNo
  - e. How to feel more comfortable talking with leaders 

YesNo
  - f. How to develop an action plan 

YesNo
  - g. How to increase the number of my clients 

YesNo
3. What did you like best about the course?
4. What did you like least about the course?
5. Do you have any suggestions for improving the course?
6. Do you plan to use your action plan to help you increase community awareness of the services you offer?  

YesNo

## APPENDIX N: FOLLOW-UP VISIT MONITORING TOOL

**Name of midwife:**

**Date:**

**District:**

**Name of trainer making visit:**

**Pre-test score:**

**Post-test score:**

**Date of training:**

**Names of trainers:**

**PART I**

1. Administer the pre/post test.
2. Score
3. Share with the midwife how his/her score compares with his/her pre- and post-test scores.
4. Review any incorrect answers with the midwife.
5. Record the score on the master score sheet.

NAME OF MIDWIFE \_\_\_\_\_

DATE \_\_\_\_\_

**PART II**

1. Review with the midwife the activities called for in his/her community action plan.
2. Has he/she accomplished the activities to date?  
  
All  
Some  
None
3. If he/she has not accomplished his/her activities, please explain.

**PART III**

What additional activities (that were not listed in his/her action plan) has he/she undertaken to increase community awareness of his/her services? Please list.

NAME OF MIDWIFE \_\_\_\_\_

DATE \_\_\_\_\_



#### **PART IV**

**Summary check list** of the midwife's community activities since the training course:

- Number of health classes held at his/her clinic
- Number of health talks given at community meetings

Topics:

- Number of community leaders he/she has met with

Who were they?

- Improved his/her clinic sign
- Using exit surveys to see if clients are satisfied with the midwife's care
- Has gone to the market place to talk with people
- Has advertised

Where/How:

- Other activities (please list)
- Has done nothing \_\_\_\_\_ (please explain)

NAME OF MIDWIFE \_\_\_\_\_

DATE \_\_\_\_\_

1. Refer to the review you did of the midwife's records (*Business Management Skills* follow-up monitoring tool Part VIII)
2. Has the number of clients at the clinic increased, decreased, or stayed about the same in six months?

1. What did you do on this visit to assist the midwife to increase the community's awareness of his/her services? Please list.
2. Any other assistance given to the midwife? Please list.

NAME OF MIDWIFE \_\_\_\_\_

DATE \_\_\_\_\_

APPENDIX O: SEATS/QUARTERLY SERVICE STATISTICS REPORT

## SEATS/Quarterly Service Statistics Report

SubProject: \_\_\_\_\_

Reporting Period: From \_\_/\_\_/199\_\_ To \_\_/\_\_/199\_\_

METHODS	New Acceptors			Revisits			Commodities Distributed		
	Previous Periods Cumulative 1	This Quarter 2	Total (1+2) 3	Previous Periods Cumulative 4	This Quarter 5	Total (4+5) 6	Previous Periods Cumulative 7	This Quarter 8	Total (7+8) 9
PILLS									
IUDS									
VSC									
NORPLANT									
INJECTABLES									
FOAMING TABS									
JELLY/CREAMS									
CONDOMS									
NFP									
LAM									
Other									
TOTAL									

REFERRALS			
METHOD	Previous Periods Cumulative 10	This Quarter 11	Total (10+11) 12
IUD			
NORPLANT			
VSC			
NFP			
PILLS			
TOTAL			

SERVICE SITES			
Number of Sites Previous Period 13	New/Improved Sites 14	Total (13+14) 15	Reports received this Period 16

## **APPENDIX P: CERTIFICATE OF COMPLETION**

*USAID*

*UPMA*

*SEATS*

# *Certificate of Completion*

awarded to:

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Who has completed a 3 day course in  
Community Mobilization for Private Midwives

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Date

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MAPS Project Coordinator

